**200.3**

**RESA PERSONNEL EVALUATION FORM**

**ADMINISTRATIVE/PROFESSIONAL PERSONNEL**

|  |  |  |
| --- | --- | --- |
| **NAME:** | **JOB TITLE:** | **YEAR ENDING:** |

|  |
| --- |
| **Procedure:** |
| 1. **A copy of the specific job description and evaluation instrument will be provided to personnel at the beginning term of employment**
 |
| 1. **Rating Scale: Please check the appropriate column beside each item:**
 |
| 1. **Columns are numbered 1 through 5**
 |
| 1. **Column 5 represents a high rating of performance**
 |
| 1. **Column 1 represents a low rating of performance**
 |
| 1. **Columns 2, 3 and 4 represent progressively higher rankings between low and high**
 |
| 1. **A rating of 1 in any area requires improvement through remediation procedures with stated time limitations. (A copy of this recommendation will be presented to the employee)**
 |

|  |
| --- |
| **Composite Status:** |
| **□ Does not meet standards (0-48)** |
| **□ Meets standards (49-94** |
| **□ Exceeds standards (95-120)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **LEADERSHIP**
 | 1 | 2 | 3 | 4 | 5 |
| 1. **Exhibits knowledge in area of responsibility**
 |  |  |  |  |  |
| 1. **Demonstrates skill in working with individuals and groups**
 |  |  |  |  |  |
| 1. **Allocates responsibilities and duties by basing assignments on the skills and capabilities of staff members**
 |  |  |  |  |  |
| 1. **Prepares and executes short and long range plans**
 |  |  |  |  |  |
| 1. **Makes decisions which are practical**
 |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **PROGRAM IMPROVEMENT PROGRESS**
 | 1 | 2 | 3 | 4 | 5 |
| 1. **Establishes procedures for implementing Board Policies and Administrative Regulations**
 |  |  |  |  |  |
| 1. **Reviews procedures regularly to avoid overlapping of responsibility or duplication of effort**
 |  |  |  |  |  |
| 1. **Keeps the Executive Director, or appropriate supervisor, informed on issues, needs and current status in areas of responsibility**
 |  |  |  |  |  |
| 1. **Encourages participation of appropriate staff members in studying and developing curriculum improvement**
 |  |  |  |  |  |
| 1. **Keeps informed of program developments in one’s area through in-services, classes or meetings of professional organizations**
 |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** |
| 1. **RELATIONSHIPS**
 | 1 | 2 | 3 | 4 | 5 |
| 1. **Maintains effective line-staff relationships**
 |  |  |  |  |  |
| 1. **Encourages appropriate flow of communication**
 |  |  |  |  |  |
| 1. **Focuses on LEAs needs and requests**
 |  |  |  |  |  |
| 1. **Participates in synergistic relationships between and among all departments to facilitate improvement**
 |  |  |  |  |  |
| 1. **Provides adequate information concerning RESA policies and available services**
 |  |  |  |  |  |
| 1. **Promotes understanding of the total RESA program**
 |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** |
| 1. **PROFESSIONAL WORK HABITS AND GROWTH**
 | 1 | 2 | 3 | 4 | 5 |
| 1. **Maintains professional ethics**
 |  |  |  |  |  |
| 1. **Demonstrates unbiased attitude in fulfilling responsibilities**
 |  |  |  |  |  |
| 1. **Observes supervisor approved work hours**
 |  |  |  |  |  |
| 1. **Respects confidential information**
 |  |  |  |  |  |
| 1. **Carries out his/her share of responsibilities**
 |  |  |  |  |  |
| 1. **Accepts constructive criticism**
 |  |  |  |  |  |
| 1. **Involves others in the decision making process**
 |  |  |  |  |  |
| 1. **Performs work according to current RESA program specific policies and procedures**
 |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** |
| 1. **JOB PERFORMANCE**
 | 1 | 2 | 3 | 4 | 5 |
| 1. **Understands the role and scope of the job**
 |  |  |  |  |  |
| 1. **Performs duties and responsibilities as stated**
 |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** |
| 1. **GOALS**
 | 1 | 2 | 3 | 4 | 5 |
| **Goal 1:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** |
| **Goal 2:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** |
| **Goal 3:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** |
| **Goal 4:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** |
| **Goal 5:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** |
| **Goal 6:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** |

**I have read the evaluation and have discussed it with the evaluator**

**Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If I do not agree with the evaluation, I understand that I may include a written statement as an addendum to this document**

**NOTE: Any checks in column one (1) shall be identified with remediation procedures and time frame on a PERFORMANCE IMPROVEMENT REPORT: Employees shall receive a copy of the completed form.**

evaladminprofessional